

ANNUAL REPORT

**UPON THE
PUBLIC HEALTH AND
SANITARY ADMINISTRATION
OF THE**

Rural District of Abergavenny

**FOR THE
Year 1954**



BY

**S. M. R. HARVEY, B.Sc., M.B., Ch.B., D.P.H.
MEDICAL OFFICER OF HEALTH
AND
MEDICAL OFFICER OF HEALTH NO. 10 AREA**

Annual Report

1954

Mr. Chairman, Madam and Gentlemen,

I have the honour to submit the Annual Report on the state of the public health in Abergavenny Rural District in 1954.

The estimated population of Abergavenny Rural District at the middle of 1954 was 8360, a reduction of one per cent. as compared with the previous year's population. This reduction appears to have been largely due to a decline in the birth-rate and a slight rise in the death-rate, rather than emigration from the district. It is also observed that there has been a change in the age distribution of the population in recent years, due to a falling birth-rate in the present century and a relatively present day low mortality. Expectation of life of the infant at birth has been greatly increased, this does not mean that many old people are living much longer, but many more of us are reaching the age of 65—70 years, than was the case some decades ago. In this sense the district presents an ageing population and the care of the aged and its associated problems demand increasing public attention.

During the past year the crude death-rate of 24·6 per 1000 population shows a continued upward trend, and is appreciably higher than the rates prevailing in the County of Monmouthshire and England and Wales as a whole. However, if the number of deaths which occurred in Penyval Hospital (where many of the patients are elderly and originally domiciled in other areas) were to be deducted from the total, and a crude death-rate then calculated, it would be found to compare favourably with other districts.

The pattern of disease, in recent years, has changed remarkably. Infectious Diseases no longer rank as one of the principal causes of death. For example, in 1954 there were no deaths in Abergavenny Rural District from such diseases as diphtheria, whooping cough, meningococcal infections and measles. This has been due to effective

preventive measures on the one hand, and on the other, to advances in methods of treatment. Today, the outstanding problems of disease and their prevention are attributable to Circulatory Diseases, Cancer and Respiratory Infections. In 1954, Circulatory diseases were responsible for 62% of deaths in the district, and in this group, Coronary Thrombosis, as in 1953, took the heaviest toll. Cancer featured as the second most important cause of mortality and was responsible for 13·5% of all deaths.

In the past, Cancer occupied a lowly place in the list of principal killing diseases, but it now occupies second place. Of the 28 Cancer deaths, 2 were due to Cancer of the Lung, the latter affecting the male sex only. It is probable that an ageing population and improved methods of diagnosis have been partially responsible for the rise of mortality from Cancer, but if lives are to be saved, and if the means of prevention is dependent on knowledge of causation, then further and continued Cancer research is urgently required. Respiratory Diseases feature as the third most important cause of death, and in 1954 were responsible for 9% of all deaths. In this group, Pulmonary Tuberculosis was responsible for 1·9% of deaths from all causes, a slight increase as compared with the previous year, but nevertheless it remains at a satisfactory low level when compared with earlier years.

Despite improved housing conditions, welfare facilities, increased family allowances, and other national insurance benefits, the birth-rate in Abergavenny Rural district as in the country generally, continues to decline. In view of this, it becomes increasingly important that the still-birth rate be lowered and the Infant Mortality rate maintained at its present low level. Although there has been a slight improvement in the Still-birth rate, it indicates the need for further examination into the problems associated with child-birth. It is probable that more than one causative factor was involved in these still-births, but it behoves all concerned with midwifery, and especially the mother herself, to do all in their power to reverse this lamentable trend. In 1954, there were no deaths of mothers from pregnancy, child-birth or abortion. As we still have no accurate means of measuring maternal morbidity one cannot

assess ill-health after child-bearing. The social causes of such ill-health may be attributed to bad housing, poor nutrition, insufficient help in the home and mothers being obliged to work during late pregnancy and too soon afterwards, but post-war welfare services have gone a long way towards promoting the health of the mother both during and after child-birth.

As already mentioned our ageing population continues to cause much anxiety. The Local Authority is aware of these problems and a few bungalows have already been erected for some old aged pensioners in the district.

More should be provided to meet present day requirements. It has been established that most elderly folk prefer to remain in their own homes, and with the aid of the domestic help service, the district nursing service and voluntary services, many of them are able to do so. I am of the opinion that continued health education and the promotion of hygiene will do much to prevent the common diseases associated with old age. The problem of admission of the chronic sick to hospital is ever increasing. More geriatric beds are urgently required, also, whereas it is possible (though not probable) for the chronic sick to gain admission to hospital, and the able-bodied elderly person to be admitted to Local Authority Homes for the aged, there still remains the problem of what is to be done for that section of the elderly which does not fall into either of these two groups. "Half-way" accommodation should be established for those who (a) cannot remain in their own homes, yet (b) are not sufficiently ill to require hospital treatment and (c) are not well enough to be classed as applicants for our homes for the aged.

I wish to stress yet again that bad living conditions undermine both mental and physical health. The district, being rural, has a number of old dilapidated cottages lacking all modern amenities and are even without an adequate supply of wholesome water. Some of these are grossly overcrowded, for example, a mother and father and 7 young children are known to have occupied a two-roomed tumble-down cottage for a number of years, and are still on the housing waiting list. There is no ground for complacency while these well nigh derelict cottages continue to be occupied.

Maternity and Child Welfare

The Infant Welfare Clinic is held on the Tuesday of each week and the Ante-natal Clinic on alternate Tuesdays. Mothers and children under 5 years of age from Abergavenny Borough and Rural District may attend at these clinics. There are 2 Health Visitors and a Doctor in attendance.

Considering the prevailing Still-birth rate, I wish to stress, once more, the importance of early and regular attendance of expectant mothers at the Ante-natal clinic, so that any departure from the normal may be detected as soon as possible, and the necessary steps taken in respect of adequate care of the mothers. Unfortunately, too often, many expectant mothers delay attending until late in pregnancy, and there are some who never attend.

It is the practice in the Ante-natal Clinic to make a routine blood examination of all patients for the purpose of detecting venereal diseases and for determining the pregnant mother's blood group. The educational side of Ante-natal work is also of great importance and includes advice about general health, rest, diet, sleep and comfort.

In 1954, a monthly average of 156 babies attended the Infant Welfare Clinic. During this year the Local Health Authority undertook the distribution of National Dried Milk, Cod Liver Oil and Orange Juice, so that these may now be obtained at the Infant Welfare Centre. The Women's Voluntary Service provide personnel to help with the distribution of these foods.

Routine skin testing of children under 5 years, with tuberculin was introduced at the Infant Welfare Centre in 1951. The Mantoux and Jelly tests are employed. The mothers now appreciate the value of this test and are generally most anxious to have their children so tested. Any positive reactors are referred to the Chest Physician and all efforts are then concentrated in determining the source of infection. This aspect of Infant Welfare forms part of the Anti-tuberculosis scheme in operation throughout the County of Monmouthshire.

Vaccination against Small Pox and Immunisation against Diphtheria are also undertaken at this clinic, and from May of this year a diphtheria-pertussis prophylactic has been used, so that children may, in addition, be protected from that most dreaded disease of childhood, Whooping Cough.

Vaccination against Small Pox is advised when the child attains the age of 3 months. Since compulsory vaccination has been abolished, Abergavenny Rural District, like the rest of the country, has followed a downward trend in the numbers vaccinated, from the public health point of view, this is regrettable. In Wales, in 1954, the percentage of infants, under the age of one year, who were vaccinated, was approximately 22·6 (for Abergavenny Rural District it was roughly 29·7). This is far below what may be regarded as satisfactory. Small Pox continues to occur sporadically in various parts of the country and we are never free from the possibility of an outbreak of this disease. Healthly living conditions, good sanitation and general public health services are no substitute for vaccination in connection with the prevention and control of Small Pox.

The percentage of children immunised against Diphtheria is more satisfactory but is no ground for complacency if an adequate level of immunity is to be maintained. The fall in incidence of Diphtheria, in recent years, is beyond reasonable doubt a remarkable preventive triumph mainly attributable to immunisation. Since the National Health Service Act, 1946, came into operation, Vaccination against Small Pox and Immunisation against Diphtheria (and now Whooping Cough) is carried out free of charge at the surgeries of General Practitioners and at Maternity and Child Welfare Centres.

"An organised system of personal persuasion in which doctors, health visitors, district nurses, sanitary inspectors, staffs of welfare centres and voluntary workers play their part is still the most powerful element in any local immunisation campaign and benefits from the background publicity afforded by the Local Press advertisements, posters and cinema plates, etc."

Vaccination against Small Pox

Age Groups	Nos. vaccinated in 1951	Nos. vaccinated in 1952	Nos. vaccinated in 1953	Nos. vaccinated in 1954
Under 1 year ...	10	...	21	...
1-4 years ...	13	...	2	...
5-14 years ...	3	...	5	...
15 plus ...	14	...	166	...
Totals ...	40	194	54	36

Immunisation against Diphtheria

Age Groups	Nos. immunised in 1951	Nos. immunised in 1952	Nos. immunised in 1953	Nos. immunised in 1954
Under 5 years ...	44	...	42	...
5-14 years ...	59	...	7	...
Totals ...	103	49	120	194

Domiciliary Midwifery Service.

There are two District Midwives operating in the Abergavenny Rural District. The monthly average of nursing visits for the year 1956 was 122. The upward trend in the number of institutional confinements continues either for social or obstetric reasons, and domiciliary midwifery has of necessity gradually declined.

District Nursing Service.

There are two District Nurses resident in the area and in the past year they carried out 265 monthly nursing visits. There has been an increasing call on their services especially in relation to the chronic sick and the tuberculosis patient treated at home.

Health Visiting.

Three Health Visitors are employed for routine Domiciliary Visits, Tuberculosis visiting, School Inspections (cleanliness of body and clothes) and for attending the Maternity and Child Welfare Clinic.

Domestic Help Service.

The County Council provides a Domestic Help Service for those cases where there is illness and where there is no able-bodied relative to give the necessary assistance in the household.

The service has been useful in providing assistance to aged persons and cases of Chronic Sick, who otherwise would have had to be admitted to Hospital, thereby helping to relieve the pressure upon hospital accommodation.

The Service is under the direction of the Area Committee Clerk (Mr. D. A. Lewis). Applicants for the Service are assessed to repay the cost of the service in relation to their income ; persons considered to be in financial difficulties receive Service free of charge.

The hours allocated to each case are recommended after personal investigation by the District Nurse, Midwife or Health Visitor, and are submitted to me for approval. Cases where recommendation exceeds 30 hours per week have to be submitted by the Area Committee Clerk to the County Health Committee for investigation, except maternity cases.

There are approximately 51 Domestic Helps in the area of which approximately 10 are working in the Rural District. All are engaged on a Temporary part-time basis. The number of cases attended in the area was 143 ; the average weekly number of hours worked was 963.

Ambulance Service.

Abergavenny Rural District is served by two St. John Ambulances with four drivers, and they provide the Ambulance Services for the Borough and adjacent area, under the central control of the County Ambulance Officer at Caerleon. This system seems to work reasonably well. Central Control aims at making the most economic use of ambulances, and mutual assistance between local Health Authorities, avoids, as far as possible, ambulances running empty. In previous annual reports I have stressed the desirability of an attendant with some nursing training to travel with the ambulance driver when transporting the sick by ambulance. I understand, that for this purpose, it is now being considered that the services of the Red Cross and St. John Ambulance Association be enlisted.

Health Education.

The close of the 19th century saw the Public Health environmental services established on a reasonably satisfactory basis. During the last fifty years, these have been improved and the personal health services developed. At first, the importance of Health Education was not fully appreciated but it is now realised that disease cannot be prevented or health promoted by social action alone, there must be full co-operation from an enlightened public.

To-day, it is second nature for the appropriately trained staff of a Health Department, whether they be Health Visitors, Home Nurses, Sanitary Inspectors or Doctors to spread the gospel of good hygiene and healthy living. Informal talks are constantly given in the home, the place of work and in the Clinic.

Mental Health Service.

A County Psychiatrist was appointed in 1948 for the purpose of a Mental Health Service. This service now operates from Newport County Hall and is co-ordinated with the Regional Hospital Board, and Hospital Management Committees.

No adult Guidance Clinics are held in Abergavenny, but individual cases, patients suffering from early nervous strain, and who are finding difficulty in adjusting themselves either in their homes or at their work are seen by Dr. Cochrane-Dyatt, the County Psychiatrist. Cases considered too far advanced are referred to the Regional Hospital Board Psychiatrist.

Medical Appliances.

The location of the Medical Appliances Depot for the Rural District is St. John Ambulance Hall, Abergavenny.

Welfare Services.

The Welfare Officer of No 10 Area caters for the needs of Abergavenny Rural District as regards Welfare Services, which come within the provisions of the National Assistance Act (1948-1951). Cases are interviewed at their homes or at the Welfare Office in Leven House.

VITAL STATISTICS

Area	...	...	...	62685 Acres
Population (Estimated)	...	...	...	8360
Number of Inhabited Houses (according to Rate Book on 31/12/53)	2266
Rateable value	£34845
1d. Rate	£132

1954	Total	M.	F.	1954	Rural D.	County E.&W
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Live Births.

Legitimate	116	67	49	Live Birthrate per 1,000 of estimated resident population	...	14·5	16·26	15·2
Illegitimate	5	2	3		...	32·0	...	24·0
Total	121	69	52		...	0·478	0·47	0·35

Still Births.

Legitimate	4	3	1	Still Birth Rate per 1,000 total Births	...	32·0	...	24·0
Illegitimate	0	0	0		...	...	...	...
Total	4	3	1		...	0·478	0·47	0·35

Deaths.

All Causes	207	99	108	Death rate per 1,000 estimated resident population	...	24·6	11·61	11·3
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Deaths from Cancer— all forms	...	28	14	14
Lung	...	2	2	0

Deaths due to Pregnancy, Childbirth, Abortion ... 0

Maternity Mortality Rate (Rate per 1,000 births) 0 1·49

Infant Mortality.

Infant Deaths from Measles	...	Nil
Whooping Cough	...	Nil
Diarrhoea	...	Nil
All causes	...	Nil

Neonatal deaths ... 1 M. 0 F. ... 1

Infant Mortality Rate		Rural D.	County
(Rate per 1,000 Live Births)	...	8·3	39·67
(Legitimate) .. ..	...	8·7	
(Illegitimate) .. ..	...	Nil	

Notifications of Infectious Diseases
classified according to sex and age groups.

Disease	Sex	Age 0-4	Age 5-9	Age 10-19	Age 20-29	Age 30-39	Age 40 plus	Total
Diphtheria	Male	...	...	...	...	...	...	...
	Female	...	...	...	...	...	...	...
Scarlet Fever	Male	...	1	...	...	...	...	1
	Female	...	...	1	...	...	...	1
Cerebro-Spinal Meningitis	Male	...	...	...	...	...	...	...
	Female	...	...	...	...	...	...	...
Measles	Male	...	...	...	...	...	...	...
	Female	...	...	...	...	...	...	...
Enteric Fever	Male	...	...	...	...	...	...	...
	Female	...	...	...	...	...	...	...
Poliomyelitis	Male	...	...	1	...	...	...	1
	Female	...	...	...	...	...	...	...
Dysentery	Male	...	...	...	...	...	3	3
	Female	...	...	...	...	...	2	2
Acute Encephalitis	Male	...	...	...	...	...	...	...
	Female	...	...	...	...	...	...	...
Acute Primary Pneumonia	Male	...	...	...	...	...	...	...
	Female	...	...	...	...	...	...	...
Erysipelas	Male	...	...	...	...	...	...	...
	Female	...	...	...	...	...	...	...
Abortus Fever	Male	...	...	...	...	...	...	...
	Female	...	...	...	...	...	...	...
Salmonella Typhimurium	Male	...	...	...	...	...	...	...
	Female	...	...	...	...	...	...	...
Whooping Cough	Male	7	1	...	...	...	...	8
	Female	2	...	...	...	...	...	2
Totals	...	9	2	2	0	0	5	18

TUBERCULOSIS.

Notified : Pulmonary - M 3 F 5	Non-Pulmonary - M 0 F 0
Deaths : do. M 3 F 1	do. M 0 F 0

Infectious Diseases.

During 1954, the Abergavenny Rural District was again comparatively free from any outbreaks of Infectious Disease.

Diphtheria.

The incidence of Diphtheria in England and Wales has steadily declined since the national immunisation campaign was extensively undertaken in 1942. There were no notifications of this disease in the Rural District during 1954, but there is still danger—especially if immunisation is neglected. Children still die from Diphtheria and even if a child does not die the illness may be long and painful. The object of immunisation is to afford each child with the maximum degree of protection, and unless adequate level of immunisation is maintained there may be a return of diphtheria outbreaks as experienced in 1953 in an 'outbreak' in the Midlands. Parents should see that their children are adequately protected and avail themselves of the facilities provided.

Scarlet Fever.

Although the number of notifications of Scarlet Fever was reduced in 1954 from those in 1953, it is possible that notification was incomplete, due probably to the mildness of the disease. It is probable that the improvement in this disease of years has been due not only to the milder type of the attacking haemolytic streptococcus but also to the introduction of sulphanamides and antibiotics in the treatment of Scarlet Fever.

Measles and Whooping Cough.

The incidence of measles has ebbed and flowed at intervals of 2 years, 1954 being an inter-epidemic year with 170 notifications. As Measles and its complications attack the younger child more severely, it is wise to take all preventive measures to delay the age of infection, similarly with Whooping Cough infection. It is noteworthy that the latter, which is still a dreaded disease of infancy, did not rear its head to any marked degree.

Advances in therapeutic agents with improved nursing care in recent years have helped to lower the fatality from these diseases. Less overcrowding in the houses through reduction in family size, and in some cases improved housing may also have contributed to the decline in mortality.

Poliomyelitis.

One case of infantile paralysis was notified during the year. The boy aged 11 years complained of a head cold with pain in the left leg, followed by partial paralysis of the affected limb. He was admitted to hospital where he made a good recovery. All contacts were closely supervised and although the patient was a pupil in a residential school, there were no further cases.

Food Poisoning.

In 1954 Food Poisoning was conspicuous by its absence and would largely be eliminated if good kitchen hygiene was observed by all food handlers and only freshly cooked food served at all times. We have been fortunate that there has been no large outbreaks of Food Poisoning in the Rural District of recent years.

Tuberculosis.

Mortality from Tuberculosis has steadily declined of recent years. In 1954, there were 4 deaths from Pulmonary Tuberculosis registered in the Rural District of Abergavenny. There has also been a corresponding fall in the number of notifications, 8 cases of Pulmonary Tuberculosis (5 F. and 3 M.) being notified for the first time in 1954. There were 11 inward transfers from other areas having been primarily notified elsewhere. Of these, 8 were admitted from their homes to hospitals in the Rural District. On receipt of all notifications, family contacts are followed up, and unless they have already attended a Chest Clinic or Mass Radiography unit, they are strongly advised to do so at the earliest opportunity. Health Education is stressed by the personal approach.

The decline both in morbidity and mortality from Tuberculosis is largely attributable to the admirable work of the medical profession and the new methods of treatment in Tuberculosis. An appreciable part has also to be played by the improvement in housing, the rise in the standard of living, and in the better education of the population both generally and in the prevention of disease.

I have the honour to be,

Your obedient Servant,

S. M. R. HARVEY, B.Sc., M.B., B.C.H., D.P.H.
Medical Officer of Health.

I. Housing.

Number of Houses owned by Local Authority in December, 1954	...	...	349
Number of Houses in course of erection	...	...	34
Number of Houses completed during the year	...	...	56
Number of Houses for which sanction has been given, but had not been commenced	...	...	24
Number of Houses erected by Private Enterprise	...	...	7
Number of Houses inspected for defects in 1954	...	...	18
Number of Houses repaired as a result of action by the Local Authority	...	...	5
Number of Houses in respect of which Statutory Notices were served to carry out repairs	...	...	9

II. Water Supply

Owing to the variations in altitude and the number of scattered sparsely populated villages and hamlets, the water supply of the area is one of the Authority's biggest problems, particularly as the number of houses increase. The sources of water supply are numerous ; mainly springs. In the larger villages, e.g., Mardy, Llanvihangel Crucorney, Llanover and Pandy, the supply is sufficient and the quality up to standard ; but there are a number of smaller villages and outlying dwelling houses where the supply is inadequate, or where analysis reports are not always satisfactory.

The main piped supplies owned by the Local Authority are :—

1. **Govilon.** Blakes Hydraulic Ram has been taken out of commission, as a connection was taken off the Abertillery Water Board's 16" main through a $\frac{3}{4}$ " Break Pressure Valve (set at 80 lbs.) to supply the 56 houses on the zone between the 350 ft. and 600 ft. contour O.D. The properties on the lower zone numbering 84, are supplied from the Ffynon Batric Spring by gravitation.

A 3" connection was made in the Newport Corporation's new 28" main near the Carpenter's Shop, Govilon. During the year, a 3" branch (pointing towards Penybont Housing Site), was taken from our 3" connection. This was governed by a 3" valve, so that at some future date, and if necessary, Penybont Houses can obtain their water supply from the Newport Corporations main.

The original 3" main taken from the Newport Corporation's 28" main was conveyed across the main Abergavenny/Merthyr road, and coupled to the service pipe to supply Ty Clyd Housing Site.

The inhabitants of this part of the District obtained their water supply from the Forge Spout. To afford a constant supply, a 1" pipe was laid from the Railway Bridge to the Forge Cottages, for a distance of 366 yards. A 1" rising main was taken from the storage tank near the Chapel School (450 ft. O.D.) to Maesyfelyn, which is on the 600 ft. contour. This supplies 7 houses, and 1 farm. The amount of pipe laid was 600 ft. of 1" galvanised main, and 50 ft. of $\frac{1}{2}$ ". At Maesyfelyn, this supply ends as a stand-pipe. A 1" main was taken from the $1\frac{1}{2}$ " Rising Main near the Ram House, to Upper Mill Farm. A T-piece was inserted in the 1" main, and 250 yards of $\frac{3}{4}$ " main, and 34 yards of $\frac{1}{2}$ " main laid to the 4 cottages at the Acquaduct.

A $\frac{3}{4}$ connection was taken off the 1" main at Maesyberllan and extended to Boat Farm, Govilon. This necessitated the laying of 450 ft. of $\frac{3}{4}$ " main.

Work was carried out to afford a piped supply to Canal Cottage, Govilon. 60 yards of $\frac{1}{2}$ " main, and 140 yards of $\frac{3}{4}$ " main were laid.

An extension was made to Glanycrafon, Govilon, this necessitated the laying of 100 yards of $\frac{3}{4}$ " main. Following the carrying out of improvements to Cwm Shenkin, the 1" main was extended to afford a supply to these premises.

As a result of an adverse report on the condition of the water supplying The Graig, Govilon, an application was received from the owner to be afforded with a supply from the Council's main. This work was carried out during the year, 274 yards of $\frac{3}{4}$ " galvanised main having been laid.

Minerva Cottages now receive a piped water supply, a $1\frac{1}{2}$ " pipe having been taken from the 3" main at Ty Clyd Housing Site.

2. **Pwlldu.** A 2,000 gals. storage tank at the source of the spring in adit. supplies 35 premises by means of 6 stand-pipes. This is the only supply in the district showing any plumbo-solvent action ; and as a precaution galvanised iron pipes are used. The $1\frac{1}{2}$ " main was extended from the Long Row to the Breconshire Boundary. This affords a supply to 4 cottages. The amount of pipe laid was 1,389 ft. of $1\frac{1}{2}$ " galvanised main, 271 ft. of $\frac{3}{4}$ " and 56 ft. of $\frac{1}{2}$ ". A $\frac{3}{4}$ " connection was taken from the $1\frac{1}{2}$ " main, to afford a water supply to the houses at Short Row. This necessitated the laying of 105 ft. of $\frac{3}{4}$ " main, and 84 ft. of $\frac{1}{2}$ " main.

The stand-pipes have now been dispensed with.

3. **Gardyrys.** Spring with stand-pipe supplies 2 premises ; with an extension for 60 yards to a stand-pipe fixed near Garndyrys Cottage.
4. **Allws.** The Abertillery Water main was tapped and a $\frac{3}{4}$ " Break Pressure Valve inserted to afford a water supply to the inhabitants in this area.
5. **Llanfoist.** The supply for this area is now being obtained from the Llanover Water Scheme ; 4", Class "C" Cast Iron pipes conveying the supply to some 96 premises and the Factory ; with two stand-pipes for the few remaining premises not connected to the main. The average consumption for the private dwellings is approximately 7,000 gallons per day. A 4" connection taken from your main near Beechgrove supplies the Council's Housing Site. The necessary fire hydrants are installed.

The work of extending the 3" main to Gipsy Lane, Llanfoist, was completed. In addition, a 3" branch was taken off the main, to the road leading to the private housing site, and a 3" valve installed to control this supply.

This work necessitated the laying of 1156 ft. of 3" cast iron main, together with the installations of the necessary fittings.

6. **Llanellen.** A spring connected to a 1½" pipe supplies some 16 premises. The quality is satisfactory, but quantity not always adequate. A 3" connection has been taken to the Council's Housing Site; further connections are made including the connection of the School premises.

7. **Mardy.** Tynywern spring connected to 5, 4 and 3 inch pipes supplies 86 premises, all of which are connected to the mains with $\frac{3}{4}$ " branch pipes supplying Mardy Park and the Mill.

A $\frac{3}{4}$ " connection was made in the 3" main to afford a supply to Parsonage Farm, Llantilio Pertholey.

A $\frac{1}{2}$ " connection was taken off the 3" main to Nos. 1 and 2, Blorenge View, Mardy, these premises having previously received their supply from a private source. The Council's main was extended up the Midway Lane, to supply the 22 houses erected by the Council.

A 1½" connection was made in the 4" main to afford a water supply to Mardy Park.

The main was extended to afford a piped supply to Llantilio Pertholey School. This necessitated the laying of 546 yards of 3" Asbestos Main, and 16 yards of 3" Cast Iron Main.

8. **Llanvihangel Crucorney.** The overflow from the Tynywern Spring is utilised to raise 12,000 gallons per day by hydrostats through 3" pipes to a 20,000 gallon concrete water tower. 70 premises are all connected to the main.

A $\frac{1}{2}$ " connection was taken off the rising main to afford a water supply to Little Llwyn Gwyn, Llanvihangel Crucorney.

A $\frac{1}{2}$ " connection was taken off the 3" main coming from the 20,000 gallon storage tank to afford a water supply to Bridge Farm.

A $\frac{1}{2}$ " connection was taken off the 3" rising main from the Hydrostats to the New Bungalow near Llanvihangel Station.

A connection was taken off the rising main to afford a supply to Llanvihangel Station.

Plans have been prepared to install electric pumps to afford a supply to Bryngwenin area. This scheme is intended also to supply Pantygelli and Pandy, thereby doing away with the Hydrostats. Prior to the carrying out of roadworks scheme by the County Authority, the 4" Cast Iron Main was taken across the road to a point near Crowfield Farm. From the Reservoir a 3" Cast Iron main was taken across the road to a point near The Walnut Tree Inn.

A 1" connection was taken from the existing 3" main, and 300 ft. of 1" main was laid to Penybont Cottages.

9. **Llanvetherine.** A spring with 1" pipe to tank and stand-pipe supplies 5 buildings near the main road. Another spring supplies 17 premises in Caggle Street area by means of two stand-pipes ; some of the dwellings being at too high a level for gravitation.
10. **Llangattock Lingoed.** A spring with small tank and $\frac{3}{4}$ " pipe to a stand-pipe, supplies 12 premises ; the level of the source being too low for connection into the houses.
11. **Bettws Newydd.** A spring with storage tank is connected to 4 premises in the village. An asbestos main has been laid from Clytha to Bettws Newydd, this being an extension of the Llanover Water Scheme. Premises situated on the line of this main have

been connected, and an extension has been made to Redgates, Trostrey. A 1" branch was laid from the main to supply The Rectory, New Bungalow and Bettws Lodge. During the year the main was extended to Trostrey Lodge. This necessitated the laying of 416 yards of $\frac{3}{4}$ " galvanised pipe.

12. **Penlanlas.** A spring on the side of the Deri is utilised to supply Penlanlas Cottages and the Farm.

1. **Llanover.** Llanover Village is supplied by a '2" pipe from Coedyfelin spring to a 25,000 gallon storage tank, which serves 34 premises. New Inn spring supplies another 23 premises in or near the village ; Cwm Uchaf spring supplies another 9 premises through a 1" pipe. The work in connection with the Llanover Water Scheme was completed early in 1952, as a result of this work, the following areas now have a piped water supply :— Llanellen, Llanover, Llangattock-nigh-Usk, Llanvair Kilgeddin, Bryngwyn, Llanddewi Rhydderch, Llanarth, Clytha and Bettws Newydd.

The 3" main has been extended from the Red Lion, Bryngwyn to the Raglan Boundary to supply premises in the area.

The Hamlet of Hardwick was included in the Llanover scheme ; an extension being made from Llanellen. 1677 yards of 3" Class "D" Asbestos Main ; 187 yards of Class "C", Cast Iron, and 817 yards of $\frac{3}{4}$ " galvanised main were laid.

Following a request from Monmouth Rural District Council to have the main extended to provide a water supply to premises within their area, the 3" asbestos main was laid to Cwrt Robert. 1,200 ft. of asbestos main was laid and the necessary fittings installed. A 1 $\frac{1}{2}$ " branch was taken off the main to supply certain farms, the supply being recorded by a meter. The wash-out hydrant was installed on the boundary at Cwrt Robert.

2. **Llanarth.** A spring near Upper House supplies 19 premises through a $2\frac{1}{2}$ " pipe ; the village of Llanarth is supplied by springs at Coed-y-gelli. Great Oak now receives the water supply from the Llanover Main, as does the Council's two Agricultural Houses.
3. **Grosmont.** Supply is carried out by $1\frac{1}{2}$ " pipe from spring to tank at upper end of the village ; and from there by gravitation to 20 premises through 2, $1\frac{1}{2}$ and $\frac{3}{4}$ inch pipes.

Plans have been prepared to afford a water supply to the inhabitants in this area, from springs situated at Yew Tree Farm, Grosmont. Yields of these springs are being kept under observation.

4. **Hardwick.** During the year, plans and specifications were completed and submitted to the Ministry of Housing and Local Government for a Scheme to supply the housing site and properties in the vicinity. This scheme has received approval, subject to the details of the houses being received.

The supply will necessitate the coupling to the 28" Newport Corporations main at Llanellen, for which permission has already been received.

Apart from the piped supplies there are a number of wells in the district supplying outlying dwellings.

5. **Wells.** All the Wells in the area are covered in, the supply being obtained through $2\frac{1}{2}$ " Small York Hand Pumps.

Water Samples. During the year 17 samples of water were obtained and submitted to the County Pathologist for analysis.

Pen-y-val Hospital. These premises obtain their water supply from the Tynywern Supply ; a 4" connection having been taken from the main at the top of the Hereford Road.

III. Sewerage.

The only Sewerage works are those for the villages of Llanvihangel Crucorney and Mardy, with Disposal works near Abergavenny Junction Station.

Llanfoist Factory has its own Sewage Plant.

A Sewerage Scheme was installed to take the sewage from the Llanfoist Council Houses to the Borough Sewerage Works.

Llanfoist No. 1. Sewerage Scheme is now completed, and includes the extension to properties in Church Lane, and properties on the east side of Gipsy Lane.

Negotiations were well in hand in connection with the Sewerage Scheme for Govilon. This Scheme when completed will pick up all the premises in the area, to Ordnance Datum 400. The sewage will be conveyed to the Gilwern Sewerage Works.

Plans were completed for the Sewerage Scheme for the Parish of Grosmont.

The work of installing a Sewage Disposal Plant for Llanvair Kilgeddin, was carried out. The works now take the sewage from the Council Houses, School and surrounding properties. The treatment works was placed on the banks of the River Usk. The length of 6" sewer stone-ware pipes laid was 1094 ft. ; seven manholes were also constructed.

V. Refuse Collection.

This collection has now been extended to cover almost the whole of the Rural Area.

VI. Meat Inspection.

No inspection of carcases takes place in the Rural District as all slaughtering of animals is carried out at the Abergavenny Abattoir.

VII. Rodent Control.

The Rodent Operative has been engaged on normal inspections in the Rural District and has submitted regular reports to the Ministry of Agriculture & Fisheries (Rodent Division).

Inspection has covered private and business premises, refuse tips, sewerage works and streams, and 1883 inspections were made, and 852 baits laid. The annual test of sewer manholes was carried out and proved satisfactory, as there was no evidence of infestation.

New treatment now involves the use of Warfarin, a new poison which has proved most successful.

Factories and Workshops.

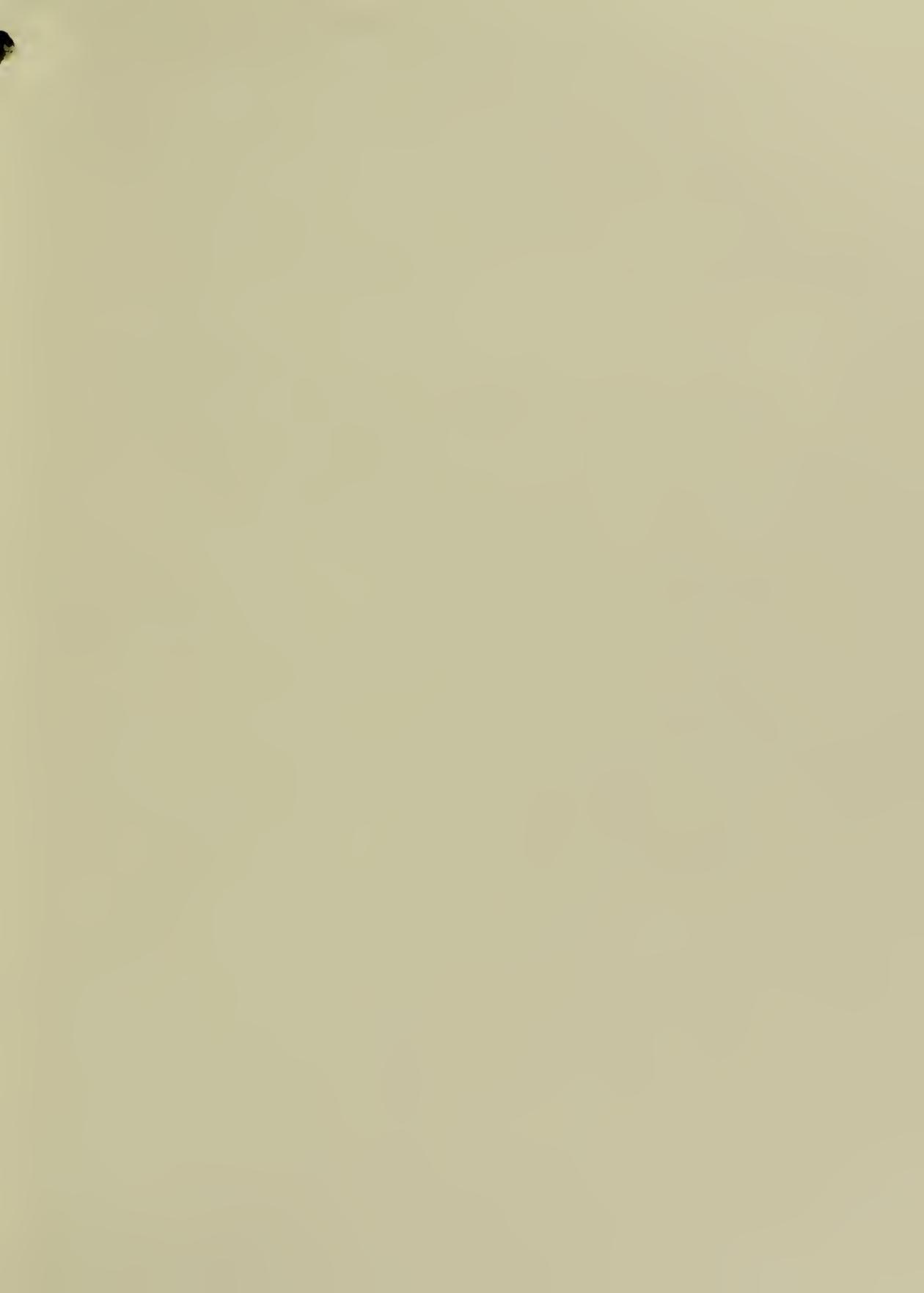
Periodical inspections were made and conditions were found to be satisfactory.

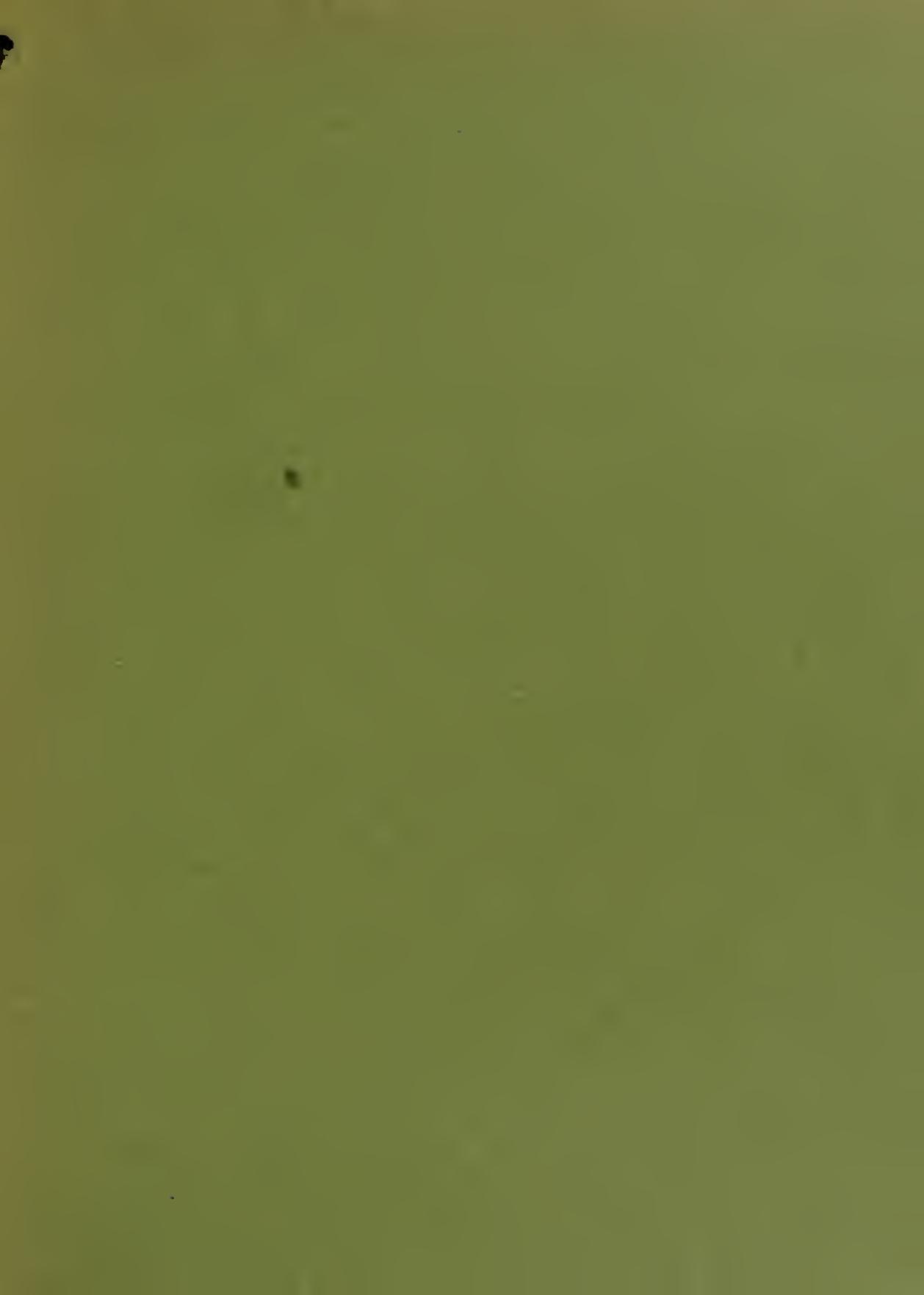
I am,

Yours faithfully,

T. ATTWELL, Cert. S.I.B.

Sanitary Surveyor.





Dover & Co.,
Printers,
Frogmore Street
Abergavenny,